

FAMILY SUPPORT EXCEPTION REQUEST

CLIENT NAME	DD NUMBER	DATE OF BIRTH	FS ANNIVERSARY DATE
FAMILY SUPPORT STATUS			
<input type="checkbox"/> Traditional Family Support (TFS) <input type="checkbox"/> Family Support Opportunity (FSO) <input type="checkbox"/> Family Support Pilot (FSP) <input type="checkbox"/> Not enrolled in Family Support WAC 388-825-250		How much FS funding is still available to the family? \$	
OTHER PAID PROGRAM SUPPORTS			
<input type="checkbox"/> MPC <input type="checkbox"/> SSP <input type="checkbox"/> Other:		MONTHLY HOURS	MONTHLY AMOUNT
EXCEPTION REQUEST			
Describe the critical need for this exception:			
How will emergency funds resolve the crisis?			
What is the likely outcome if additional funding is not approved?			
What other community or department services have you explored?			
CRM APPROVAL			
CASE/RESOURCE MANAGER SIGNATURE			DATE
REQUEST			
<input type="checkbox"/> FSO Serious Need \$	<input type="checkbox"/> FSO Emergency \$	<input type="checkbox"/> TFS Emergency \$	<input type="checkbox"/> FS Pilot One Time Award \$
		<input type="checkbox"/> FS Wait List e.g. FSO Emergency \$	
BEGIN DATE		END DATE	
FSO Serious Need	up to 6 months	WAC 388-825-232; 234	
FSO Emergency	limited to 2 months	WAC 388-825-210(4)	
FS Traditional	limited to 2 months	WAC 388-825-252(10)	
FS Pilot	one-time award	WAC 388-825-572	
DECISION			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	AMOUNT	BEGIN DATE	END DATE
SIGNATURE OF APPROVING AUTHORITY			DATE